



Simmonds Transport

Warehouse Application for Employment



International House

Stafford Park 11

Telford

Shropshire

TF3 3AY

01952 236010

transport@simmondstransport.co.uk

PERSONAL DETAILS

Surname _____ Forenames (Mr/Mrs/Miss/Other) _____

Address _____

_____ Post Code _____

Email Address _____

Date of Birth _____ Nationality _____

Position Applied for _____ Marital Status _____

Home Phone Number _____ Mobile Phone Number _____

Do you require a Work Permit Yes / No _____

FORK LIFT TRUCK DETAILS (if applicable)

Do you have current Fork Lift Truck Licences to legally drive the following:

Counterbalance Licence **Yes / No*** Licence Expiry ____/____/____

Pivot Steer/ Reach Licence **Yes / No*** Licence Expiry ____/____/____

Pedestrian Operated Ride -on **Yes / No*** Licence Expiry ____/____/____

Do you hold a current licence / certificate to operate any other Mechanical Handling Equipment **Yes / No***

Please give details of any Fork Lift Truck incidents / accidents in the last 5 years _____

Please give details of any special areas of Fork Lift Truck Driving or Mechanical Handling Equipment experience you have that you feel may be of use to aid your application

*Delete as appropriate

HEALTH

Please give details of any personal accidents at work / injury / major illness / prolonged absence from work

Number of days illness in the last 12 months _____

Do you suffer from any long term illness or disability that affects your Fork Lift Truck driving or Mechanical Handling Equipment ability **Yes / No*** (if yes please give details)

Please give details of any Alcohol / Drug Rehabilitation Programme or required specialist medical advice

Do you require vision correction for Fork Lift Truck driving **Yes / No***

Do you suffer from any allergies or skin conditions **Yes / No*** (if yes please give details)

*Delete as appropriate

EDUCATION / QUALIFICATIONS

Secondary/ Further Education	Dates	Examinations passed: Subjects, grades and levels

Please give details of all courses, including dates of all courses attended in previous employment

Please give details of any professional qualifications or membership of professional bodies

EMPLOYMENT DETAILS

PRESENT EMPLOYER (OR IF UNEMPLOYED LAST EMPLOYER)

Name _____ Type of business _____

Address _____

Contact name for reference _____ Telephone Number _____

Dates: From _____ To _____ Leaving salary/ wage £ _____ per _____

Position held and main duties/ responsibilities _____

Reason for leaving _____

Notice period given _____

PREVIOUS EMPLOYER

Name _____ Type of business _____

Address _____

Contact name for reference _____ Telephone Number _____

Dates: From _____ To _____ Leaving salary/ wage £ _____ per _____

Position held and main duties/ responsibilities _____

Reason for leaving _____

Notice period given _____

Have you ever been dismissed by reason of misconduct from any employment **Yes / No***

*Delete as appropriate

IDEAL JOB CHARACTERISTICS

TO MATCH THE RIGHT PERSON TO AN AVAILABLE VACANCY PLEASE CIRCLE YOUR PREFERENCES

Shift Pattern: Day Shift Continental Shift Night Shift

Weekend Working: Never When Required Frequently

Please give details of any personal commitments / hobbies / family / military that may affect your work pattern

ETHNIC ORIGIN

In order to assist us in ensuring that our equal opportunities policy is being adhered to would you please indicate your ethnic origin by circling the appropriate description below:

White Black African Black Caribbean Black Other Bangladeshi
Pakistani Indian Other (please specify)

CRIMINAL CONVICTIONS

Have ever been committed of a criminal offence or are you subject to a criminal investigation **Yes / No***

If 'yes' please give full details (By virtue of the Rehabilitation of Offenders Act 1974 details of convictions treated as 'spent' do not need to be given)

Do you have any 'unspent' or 'pending' criminal charges or convictions **Yes / No***

*Delete as appropriate

WAREHOUSE EXPERIENCE

Do you have any previous experience in the following: (If yes please give brief details)

- Manual Handling **Yes / No*** _____

- Stock Taking **Yes / No*** _____

- Palletising Goods **Yes / No*** _____

- Raising Pick & Delivery Notes **Yes / No*** _____

- General Warehouse Duties **Yes / No*** _____

- First Aid Training & Certificate **Yes / No*** _____

- Hand Held Barcode Scanners **Yes / No*** _____

- Stock Allocation **Yes / No*** _____

- Locate-IT Software **Yes / No*** _____

- Courier Software & Documentation **Yes / No*** _____

- Health & Safety **Yes / No*** _____

- Banksman Trained **Yes / No*** _____

- Allergen Awareness Training **Yes / No*** _____

- BRC Hygiene Standards **Yes / No*** _____

*Delete as appropriate

REFERENCES

Independent Professional & Personal Reference required (not family related or next of kin)

1

Surname _____ Forenames (Mr/Mrs/Miss/Other) _____

Address _____

_____ Post Code _____

Email Address _____

Relationship _____

2

Surname _____ Forenames (Mr/Mrs/Miss/Other) _____

Address _____

_____ Post Code _____

Email Address _____

Relationship _____

ADDITIONAL INFORMATION

Please use this section to add any additional information you feel necessary to the company that has not been covered previously. (Please use a separate piece of paper if required)

DECLARATION

Simmonds Transport Limited aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

I declare to the best of my knowledge the information on this application is true and correct. Employment is conditional on satisfactory previous employment checks and references and the company reserves the right to ask me to take a medical examination. The company will not take any references from my current employer without my prior permission. I fully understand that any misrepresentation or omission of the facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from the company if I have already been employed.

I HAVE ATTACHED A GENUINE COPY OF BOTH SIDES OF MY HGV DRIVING LICENCE, DRIVER CARD AND DQC CARD

Sign _____

Date _____